

INSTRUCTIONS FOR REINSTATING YOUR UTILITY MANAGERS LICENSE

***If your license has been expired for more than 3 years, you must complete an Application for Reinstatement by Re-Examination.**

1. Complete the application on the front of this form. Sign and mail the form with the fee of \$150.00 made payable to the "Georgia Construction Industry Licensing Board."
2. An incomplete or unsigned application will be returned, and your application will not be considered until the completed application and fee have been received.
3. Record your license number on your check or money order. Do not send cash. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to **O.C.G.A. 16-9-20**, and the application will be considered incomplete.
4. You may submit a name change with your reinstatement application. A name change must be submitted in writing, accompanied by supporting legal documentation (i.e., copy of marriage license, divorce decree, court order).
5. You may update your mailing address with your reinstatement application. Please indicate if this is a new address.
6. If you have a conviction or board disciplinary action, attach a certified court record or board disciplinary order.

NOTE: In addition to reporting convictions and pleas on this application, license holders are required to report to the board any felony or drug-related conviction within 10 days of the date of the conviction.

Amt recd. _____

Date _____

Receipt # _____



The Office of Secretary of State

GEORGIA STATE BOARD OF CONSTRUCTION

Post Office Box 13446 • Macon, Georgia 31208 • (478) 207-2440

www.sos.ga.gov/plb/construct

APPLICATION FOR REINSTATEMENT UTILITY MANAGER LICENSE FOR LICENSE LAPSED LESS THAN 3 YEARS

IS THIS A NEW ADDRESS? YES ☐ NO ☐ LICENSE NUMBER BEING REINSTATED **UM** _____

NAME: _____
Last First Middle

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
[For Identification, Law Enforcement, Statistical and Administrative Purposes] Month/Day/Year
O.C.G.A. 19-11-1 and 20-3-295

MAILING ADDRESS: _____
Street City State Zip Code

IF YOUR MAILING ADDRESS IS A P.O. BOX
YOU MUST LIST A PHYSICAL ADDRESS: _____
Street City State Zip Code

BUSINESS ADDRESS: _____
Street City State Zip Code

HOME PHONE: () _____ CELL PHONE: () _____ FAX: () _____

BUSINESS PHONE: () _____ E-mail: _____

Please answer the following questions

Have you: (1) been convicted of a misdemeanor (other than a minor traffic violation?) in the last 5 years; (2) ever been convicted of or entered a plea of guilty, nolo contendere, or under "First Offender Act" on a felony. DWI and DUI are not considered to be minor offenses. ☐ No ☐ Yes If you answered "Yes", you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole. Your application will not be processed until this information is received and reviewed by the Board.

2. During the last 5 years, has any disciplinary action been taken against you by any state board or any other regulatory board?
☐ No ☐ Yes (If "yes," submit a copy of such action with your application.)

COMPLETE THIS SECTION IF YOU ARE THE REGISTERED UTILITY MANAGER FOR YOUR COMPANY

Company Name _____ Utility Contractor License Number UC _____

Street Address _____ City _____ State _____ Zip _____

I am applying for reinstatement of my state Utility Manager License. By signing below, I authorize the Board to receive from any criminal justice agency any criminal history information regarding me. Under perjury, I swear or affirm that the information that I have provided in this application is correct to the best of my knowledge.

Signature of licensee: _____

Date: _____